

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

I, PETER NAVOLANIC, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

- 1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.
- 2. That I am the surviving joint tenant of MARGARET NAVOLANIC.

3. That MARGARET NAVOLANIC is now deceased, having died in Douglas County, State of Nevada, on June 25, 1990. Attached hereto is a certified copy of the Certificate of Death of MARGARET NAVOLANIC, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Carson City, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of the said MARGARET NAVOLANIC, she and your affiant were owners, in joint tenancy, under a Deed recorded September 27, 1988, in Book 988, Page 3787, Document No. 187187, Official Records, Douglas County, Nevada, of that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

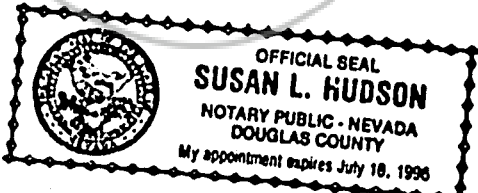
Lot 468, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

5. That by reason of the demise of the said MARGARET NAVOLANIC, your affiant is the sole owner under the Deed on the above-described property.

Peter Navolanic
Peter Navolanic

SUBSCRIBED AND SWORN to before me
on August 25, 1993.

Susan L. Hudson
Notary Public
Susan L. Hudson



WHEN RECORDED MAIL TO:
PETER NAVOLANIC
211 Mountain View Avenue
Myrtle Creek, OR 97457

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1. Margaret NAVOLANIC		2. June 25, 1990	
	CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
	3b. Gardnerville 3c. 1437 Topaz Lane		3a. Douglas	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
	5. White		4. Female	
	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
	8. April 5, 1921		7a. 69 7b. : : 7c. : :	
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
	9a. Idaho		9b. USA	
	SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
DISPOSITION	13. 3708		14a. Registered Nurse	
	RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
	15a. Nevada 15b. Douglas		15c. Gardnerville	
CERTIFIER	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	16. Jacob Gergan		17. Frances Schemel	
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
CAUSE OF DEATH	18a. Peter Navolanovic		18b. 1437 Topaz Lane, Gardnerville, Nevada 89410	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	19a. Burial		19b. Eastside Memorial Park	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
	20a. <i>Walt ...</i>		20b. <i>Z</i>	
	NAME AND ADDRESS OF FACILITY		20c. 1281 N. Roop Street, Carson City, Nv. 89706	
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
	DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
	21b. <i>6/25/90</i>		22b. <i>6/25/90</i>	
CAUSE OF DEATH	21c. 0530		22c. <i>0530</i>	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d. <i>Joseph W. Heflin</i>		22d. ON	
CAUSE OF DEATH	23a. Joseph Heflin Md, 1540 Hwy. 395, Gardnerville, Nv. 89410		23b. 5873	
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24a. <i>Heidi R. Kucharski</i>		24b. <i>June 28, 1990</i>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
	PART I (a) <i>Cardiac arrest</i>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	(b) _____		Interval between onset and death	
CAUSE OF DEATH	(c) _____		Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
	26. No		27. Yes	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
	28a. _____		28b. _____	
	INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
CAUSE OF DEATH	28c. _____		28d. _____	
	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
	28e. _____		28f. _____	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		LOCATION. STREET OR R.F.D. No.	
	28g. _____		CITY OR TOWN STATE	
	28h. _____		28i. _____	

STATE REGISTRAR

By: *[Signature]* No. 018522

Deputy Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

JUN 28 1990

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COPY THIS DOCUMENT



COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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316557

BK0893PG6636

SUZANNE M. BEAM
RECORDER
\$ 7.00 PAID [Signature] DEPUTY